

ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Huanhuan Bi

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Dunqiang REN

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Jieqiong WU

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _____

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4	Consulting fees	None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Xiaoqian Ding

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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7	Support for attending meetings and/or travel	<u> </u> None	
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11	Stock or stock options	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Caihong GUO

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

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4	Consulting fees	None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 10/12/2021
 Your Name: Satoru Miura
 Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review
 Manuscript number (if known): _____

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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Zsolt MEGYESFALVI

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _____

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3	Royalties or licenses	None	
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7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

None.

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/12/2021

Your Name: Surein Arulananda

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MSD, BMS, Roche, Astra Zeneca	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Astra Zeneca, Roche, MSD	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Roche, Boehringer Ingelheim	Me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr. Arulananda reports that he receives payment from MSD, BMS, Roche, Astra Zeneca, and support from Astra Zeneca, Roche, MSD for attending meetings and participates in a Data Safety Monitoring Board or Advisory Board of Roche and Boehringer Ingelheim.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 10/12/2021

Your Name: Hongmei WANG

Manuscript Title: Lung Squamous Cell Carcinoma with Rare Epidermal Growth Factor Receptor Mutation G719X: A Case Report and Literature Review

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